

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042339

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. _____

Registrar's No. 218

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY Grundyb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LaredoLength of stay in-lb
Lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ✓Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Grundyc. CITY OR TOWN LaredoInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) ✓Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

LindaArnoldRobertson

4. DATE OF DEATH

Month

Day

Year

November181962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/22/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months 0 Days 0

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Grundy Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William McAffee Dobbins

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Searcy

14. NAME OF HUSBAND OR WIFE

Ernest Judson Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JM Robertson

Address

Laredo Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage, multiple

INTERVAL BETWEEN ONSET AND DEATH

8 1/2 mos.

DUE TO (b)

Generalized arteriosclerosis3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

myocarditis, arteriosclerotic

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-18-61 to 11-28-62 and last saw her live on 11-26-62Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. L. ClarkM.D.

22b. ADDRESS

Greentown, Mo.

22c. DATE SIGNED

11-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/1/1962

23c. NAME OF CEMETERY OR CREMATORY

Laredo Cemetery

23d. LOCATION (City, town, or county)

LaredoMissouri

24. FUNERAL DIRECTOR

ADDRESS

E. J. Robertson Funeral Home - Laredo

25. DATE RECD. BY LOCAL REG.

12-1-62

26. REGISTRAR'S SIGNATURE

Hebertson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/591040020400

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DEC 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claude H. Candall

Licensed Embalmer No. 4986

P. O. Address Stanton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.